

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>11</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MRS</i>	FIRST <i>KANDICE</i>	MI <i>A</i>	OFFICE USE ONLY		
	NICKNAME <i>KAPINOS</i>	LAST	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>914 PARKVIEW LANE SOUTHLAKE TX 76092</i>					
			Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(734)</i>	PHONE NUMBER <i>358-0793</i>	EXTENSION	Receipt #      Amount \$		
			Date Processed			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>JACOB</i>	MI <i>C</i>	Date Imaged		
			SUFFIX <i>JR</i>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>715 WYNDSOR CREEK DR SOUTHLAKE TX 76092</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(480)</i>	PHONE NUMBER <i>242-9247</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>03</i>	Day <i>/ 26 / 2019</i>	Year	Month <i>04</i>	Day <i>/ 24 / 2019</i>	Year
11 ELECTION	ELECTION DATE Month <i>05</i>	Day <i>/ 04 / 2019</i>	Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>CARROLL ISD TRUSTEE PLACE 7</i>		

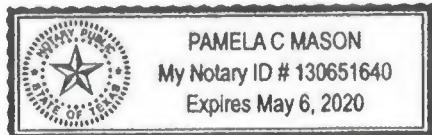
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	KANDICE A. KAPINOS		15 Filer ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	<p>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC   <input type="checkbox"/> Additional Pages         </td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE NAME							
	COMMITTEE ADDRESS							
	COMMITTEE CAMPAIGN TREASURER NAME							
	COMMITTEE CAMPAIGN TREASURER ADDRESS							
<b>17 CONTRIBUTION TOTALS</b>  <b>EXPENDITURE TOTALS</b>  <b>CONTRIBUTION BALANCE</b>  <b>OUTSTANDING LOAN TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 92.50						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2142.50						
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 114.26						
	4. TOTAL POLITICAL EXPENDITURES	\$ 6700.93						
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4125.41						
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 300.00						

## 18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kandice Kapinos, this the 26 day of April, 20 19, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
KANDICE A. KAPINOS		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1850.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 217.50	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1813.43	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4828.64	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <u>3</u>
2 FILER NAME <b>KANDICE A. KAPINOS</b>			3 Filer ID (Ethics Commission Filers)
4 Date <u>03/26/19</u>	5 Full name of contributor <b>KERIN BEAUCHAMP</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) <u>100.00</u>
	6 Contributor address: <b>1857 BROKEN BEND DR WESTLAKE TX 76262</b>	City: _____ State: _____ Zip Code _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <u>03/26/19</u>	Full name of contributor <b>HEATHER POOLE</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <u>1000.00</u>
	Contributor address: <b>1660 TRACE BELLA CT WESTLAKE TX 76263</b>	City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>03/30/19</u>	Full name of contributor <b>ANN CHRISTOPHER</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <u>200.00</u>
	Contributor address: <b>1907 CRESSON DR SOUTHLAKE TX 76092</b>	City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>03/30/19</u>	Full name of contributor <b>ANN BREEDING</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <u>25.00</u>
	Contributor address: <b>1502 COVENTRY LANE SOUTHLAKE TX 76092</b>	City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions)			
Employer (See Instructions)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: <u>3</u></p>
<p>2 FILER NAME <u>KANDICE A. KAPINOS</u></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>03/30/19</u></p>	<p>5 Full name of contributor <u>STEPHEN LUCE</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>		<p>7 Amount of contribution (\$) <u>50.00</u></p>
	<p>6 Contributor address; <u>1256 MAIN ST</u></p>	<p>City: <u>SOUTHLAKE</u> State: <u>TX</u> Zip Code: <u>76092</u></p>		
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
<p>Date <u>03/30/19</u></p>	<p>Full name of contributor <u>ANN BREEDING</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>		<p>Amount of contribution (\$) <u>25.00</u></p>
	<p>Contributor address; <u>1502 COVENTRY LANE</u></p>	<p>City: <u>SOUTHLAKE</u> State: <u>TX</u> Zip Code: <u>76092</u></p>		
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date <u>03/30/19</u></p>	<p>Full name of contributor <u>ANN CHRISTOPHER</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>		<p>Amount of contribution (\$) <u>200.00</u></p>
	<p>Contributor address; <u>1907 CRESSON DR</u></p>	<p>City: <u>SOUTHLAKE</u> State: <u>TX</u> Zip Code: <u>76092</u></p>		
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date <u>03/30/19</u></p>	<p>Full name of contributor <u>PAULA EDENS</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>		<p>Amount of contribution (\$) <u>100.00</u></p>
	<p>Contributor address; <u>913 SUMMERTREE LN</u></p>	<p>City: <u>SOUTHLAKE</u> State: <u>TX</u> Zip Code: <u>76092</u></p>		
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

KANDICE A. KAPINOS

3 Filer ID (Ethics Commission Filers)

4 Date

04/09/19

5 Full name of contributor

CAROLYN CASTILLO

out-of-state PAC (ID#:

6 Contributor address:

903 DOWLING CT

City: State: Zip Code

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor  DAPHNE ROMAN TAYLOR	<input type="checkbox"/> out-of-state PAC (ID#:  1000 WESTOVER CT	Amount of contribution (\$)  100.00
Contributor address:	City: State: Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor  Contributor address:	<input type="checkbox"/> out-of-state PAC (ID#:  City: State: Zip Code	Amount of contribution (\$)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor  Contributor address:	<input type="checkbox"/> out-of-state PAC (ID#:  City: State: Zip Code	Amount of contribution (\$)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor  Contributor address:	<input type="checkbox"/> out-of-state PAC (ID#:  City: State: Zip Code	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME

KANDICE A. KAPINOS

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 17.50

5 Date

04/20/19

6 Full name of contributor

out-of-state PAC (ID#:

LARRY ZHOU

7 Contributor address:

City: State: Zip Code

316 MONTROSE LN SOUTH LAKE TX 76092

8 Amount of Contribution \$

100.00

9 In-kind contribution description

CAMPAIGN EVENT

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

04/22/19

Full name of contributor

out-of-state PAC (ID#:

ELISHA RURICA

Contributor address:

City: State: Zip Code

803 DOMINION DR SOUTH LAKE TX 76092

Amount of Contribution \$

100.00

In-kind contribution description

CAMPAIGN EVENT

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3 2 FILER NAME KANDICE A. KAPINOS 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 55.40

5 Date 03/29/19 6 Payee name GOTPRINT

7 Amount (\$) 66.14 8 Payee address; City; State; Zip Code 1001 S NOLEN DR GRAPEVINE TX 76051

9 TYPE OF EXPENDITURE  Political  Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense BUSINESS CARDS

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name  Office sought  Office held

Date 04/08/19 Payee name DESIGN WERKS

Amount (\$) 487.13 Payee address; City; State; Zip Code 725 COMMERCE ST #120 SOUTHLAKE TX 76092

TYPE OF EXPENDITURE  Political  Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense YARD SIGNS

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name  Office sought  Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Rimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3	2 FILER NAME KANDICE A. KAPINOS	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 55.40	
5 Date 04/12/19	6 Payee name TEXAS DEMOCRATIC PARTY		
7 Amount (\$) 145.00	8 Payee address: City: State: Zip Code 1106 LAVACA ST #100 AUSTIN TX 78701		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>VOTER INFO</b>	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 04/15/19	Payee name GOTPRINT		
Amount (\$) 2570.12	Payee address: City: State: Zip Code 1001 S NOLEN DR GRAPEVINE TX 76051		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>MAILERS</b>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3	2 FILER NAME KANDICE A. KAPINOS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 55.40
5 Date 04/16/19	6 Payee name PRINTPLACE	
7 Amount (\$) 1504.85	8 Payee address; City; State; Zip Code 1130 AVE H EAST ARLINGTON TX 76011	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expenses  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME KANDICE A. KAPINOS	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/19	5 Payee name BARCLAYS	
6 Amount (\$) 1813.43	7 Payee address: City: State; Zip Code PO BOX 60517 CITY OF INDUSTRY CA 91716	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		